

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5588 (Rev 3/03)	<b>PERSONNEL SECURITY ACTION</b>		
<b>PART I - SUBJECT INFORMATION</b> (ITEMS 1 THROUGH 8 MUST BE COMPLETED FOR ALL ACTIONS)			
1. Name (Last First Middle)	2. SSN	3. Pay Grade/Civ. Series & Grade	4. Rank/Rate(Military)
5. Status	6. Former Maiden Name/Aliases	7. Date of Birth (YYYYMMDD)	8. Place of Birth
<i>(Items 9 through 11 required only when requesting SCI eligibility determination)</i>			
9. Date and Place of Current Marriage (YYYYMMDD)		10. Date and Place of Divorce (YYYYMMDD)	
11. Citizenship of:    a. Parents: _____    b. Brothers: _____    c. Sisters: _____ d. Spouse/Cohabitant: _____    e. Children: _____			
<b>PART II - LOCAL SECURITY REQUIREMENTS/CLEARANCE REAPPROVAL</b>			
12. U.S. Citizenship verified:    Yes <input type="checkbox"/> No <input type="checkbox"/> By whom _____			
13. Local Records Check Completed:    (MIL) PDR <input type="checkbox"/> HEALTH <input type="checkbox"/> (CIV) OPF <input type="checkbox"/> RESULTS: Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/> Conducted by: _____			
14. Subject has continuous service with no break greater than 24 months:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
15. Subject has a _____ (type of investigation) Completed on (YYYYMMDD) _____ completed by _____			
Clearance eligibility: _____ Method of verification: _____ Reapproved at (level) _____ Reapproval Signature: _____			
Date SF-312 executed (YYYYMMDD): _____			
<b>PART III - INTERIM CLEARANCE</b>			
16. Interim Top Secret granted (MIL ONLY) (YYYYMMDD) _____ Type of previous investigation and date: _____ SSBI paperwork submitted via District Security manager to G-O-CGIS (YYYYMMDD) _____			
17. (MIL & CIV) Interim granted (YYYYMMDD) _____ NACLC paperwork submitted (YYYYMMDD): _____ <b>Ensure items 12 - 14 are completed for interim clearance</b>			
<b>PART IV - ACCESS INFORMATION</b>			
18. Subject granted access at (level):    Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> SCI <input type="checkbox"/> Authority for SCI: _____ Date access granted (YYYYMMDD): _____    Appropriate briefing conducted:    Yes <input type="checkbox"/> No <input type="checkbox"/> Date access terminated (YYYYMMDD): _____    Reason: _____			
19. Suspended subjects access to all Classified information <input type="checkbox"/> on (YYYYMMDD): _____ Reason for suspension: _____			
<b>PART V - ACTION REQUESTED</b>			
20. Investigation Requested:    SSBI <input type="checkbox"/> PR-SSBI <input type="checkbox"/> NACLC <input type="checkbox"/> NACLC UPDATE <input type="checkbox"/> LI <input type="checkbox"/>			
21. CAF determination requested:    TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SCI <input type="checkbox"/>			
22. OTHER: _____			
<b>PART VI - CAF ACTION</b>			
23. Investigation requested (YYYYMMDD) _____ Investigation completed (YYYYMMDD) _____ Case Number _____ Investigation received (YYYYMMDD) _____ Clearance Authorized: _____ Authorized by: _____ Date (YYYYMMDD) _____			
<b>PART VII - ADMINISTRATIVE</b>			
24. Remarks/Enclosures (include reason for investigation/clearance requested)          25. Military billet Control Number (BCN): _____ Civilian position control number: _____ Security Manager Approval: _____  <b>ITEM 25 REQUIRED FOR SSBI AND PR-SSBI REQUESTS</b>		26. Complete Mailing Address of Requester:          	